STATE OF SOUTH CAROLINA	234098
(Caption of Case)  Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
(Please type or print) Submitted by: Alex Murphy	TRANSPORTATION COVER SHEET  DOCKET NUMBER:  Joi 509  If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.  Telephone:  (SW3) 504-9394
Address: 1322 Theon Low Ed	Fax:
Lorio, DC 295109	Other:
NOTE: The cover sheet and information contained herein neither repla as required by law. This form is required for use by the Public Service be filled out completely.	Email:  aces nor supplements the filing and service of pleadings or other papers  accommission of South Carolina for the purpose of docketing and must
NATURE OF ACTIO	N (Check all that apply)
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request
Application - Class C Stretcher Van	Exhibit
Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter
Application	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded	Reservation Letter
Request for Cancellation of Certificate	Response
Request for Suspension	Return to Petition Other:
Request for Reinstatement	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



234098

### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

# APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

•	Date: 12/13/11
•	CLASS C - CHARTER
A	pplication is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision f S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.
1.	Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)
	Alay Mun pary, doo: Let's Go Goisin
	1322 Theon Loans of Applicant  Street Address of Applicant
•	Mailing Address of Applicant (if different from street address)
-	<u>(_843) 504-9394</u> Phone Fax
-	Email Address
2.	If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)
3.	Select Entity Type: (Check one)
	Individual Owner/Sole Proprietorship
	Partnership - List names and addresses of all person having an interest in the business.
	Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### BALANCE SHEET

·	Balance at Time Application is Filed:  Month Year
Assets:	
Cash	
Receivables	1,500.00
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepaids and Other Assets	
Total Assets*	
	1,500.00
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity*	1,500,00

<sup>\*</sup> Total Assets = Total Liabilities and Equity

### PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

spr 08.2 4

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide"				
authority if you int	end to operate in all	counties in South Ca	ed below. You may r rolina.	equest "Statewide"
Abbeville	Cherokee	Florence	Lee	Saluda
Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion	Sumter
Anderson	Clarendon	Greenwood	Marlboro	Union
Bamberg	Colleton	Hampton	McCormick	Williamsburg
Barnwell	Darlington	Horry	Newberry	York
Beaufort	Dillon	Jasper	Oconee	
Berkeley	Dorchester Dorchester	Kershaw	Orangeburg	Statewide
Calhoun	Edgefield	Lancaster	Pickens	
Charleston	Fairfield	Laurens	Richland	

### DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)	ed
1-7 Passengers, including driver	
8-15 Passengers, including driver	

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
	rotals ad OT	mine	
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		· · · · · · · · · · · · · · · · · · ·	,

#### INSURANCE QUOTE

This form <u>MUST BE COMPLETED AND SIGNED</u> by an <u>AUTHORIZED INSURANCE COMPANY REPRESENTATIVE</u>. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:	
Agay murphy,	Name of Applicant
1200 4	
	Address of Applicant
Amount of Premium:	Limits Quoted: (See Below)
Liability Insurance \$ 2,541.00	Limits300,000 CSL
The above quoted premium is for a term of	months.
Minimum Limits - Intrastate Only:	
1-7 Passengers* \$ 25,000/	* Passengers = Number of seatbelts in the vehicle,
8-15 Passengers* \$ 25,000/1	including the driver's seatbelt
Tanson Sus.	
N	lame of Insurance Company
158 N. Honord Cir.	ne Office Address of Company
I am familiar with the Commission's Rules a meets the minimum insurance limits prescrib South Carolina Department of Insurance to d	nd Regulations relating to insurance requirements and the above quote ped. The insurance company making this quote is authorized by the lo business in South Carolina.
12/13/11 /00	B. Dussada
Date	Authorized Insurance Company Representative's Signature

#### NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

## Exhibit Fit, Willing, and Able (FWA)

m from	Name of Applicant
· ies	outstanding judgments against the Applicant?  No  of judgement(s) against applicant.
2. Is Applicant familiar wire carrier operations in Soustatutes and regulations?  Yes	th all statutes and regulations, including safety regulations and governing for-hire motor the South Carolina, and does Applicant agree to operate in compliance with these  No
3. Is Applicant aware of the therewith? Yes	Commission's insurance requirements and the insurance premium costs associated

## **Exhibit on Driver Qualifications**

	Approant under	stands that all drivers must b	e a minimum of 18 years of age.
	¥es	O No	•
2	2. Applicant unders and such record to be maintained in	stands that a certified copy of from the DMV of the state in the Applicant's business offi	the driver's three (3) year driving record issued by the SC DM' which the driver is or has been domiciled for such period must
	1 Yes	○ No	
3	. Applicant underst must be maintaine	TP	packground check from the state where the driver currently live soffice.
	1 62	○ No	
4.	Applicant underst their possession w state of residence	""V" Operaning a charler veni	g a vehicle under a Class C Certificate must have in cle, a valid driver's license issued by the SC DMV or the curren
	Q Yes	○ No	
5.	10 W(1) O(0)	ands that all Class C Certifica who are registered, or requin ment Division or any nationa	nte holders are prohibited from employing or leasing ed to be registered, as sex offenders with the South Carolina Il registry of sex offenders.
		•	

#### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

alex mostly	
Applicant's Signature	
Title of Applicant (e.g. President, Owner, etc.)	